DHR-SB3110
7/15/05

Department of Health and Human Services
Employee Safety and Benefits
Safety and Health Program

Ergonomic Assessment Worksheet

Employee	
General	
Name	
Title	
Age	
Dominant Hand	
Years in State Service/ Current position	
Building Name	
Office Type	[]Cubicle []Single User [] Multi-User []Other:

Job Tasks (percent of [x]day []week []month []job)					
	[]Keyboard []Mouse []Integrated Work		Movement (office-to-office, deliveries, etc.)		
	Desk Work (pen & paper, reading, etc.)		Light Lifting (continuous, up to 25 lbs) Occasional		
	Phone (while typing)		Moderate Lifting (continuous, 25 to 50 lbs)		
	Phone (separate from typing)		Heavy Lifting (continuous, over 50 lbs)		
	Filing		Driving	Duration	e
	Copying (standing in front of copier)			Frequency	
	Other:		Other:		
	Other:		Other:		

Symptoms (D=Discomfort N=Numbness P=Pain X=Severe Pain)			
	Neck		Upper Back
	Shoulders		Lower Back
	Upper Arms		Buttocks
	Lower Arms		Upper Legs
	Wrists		Lower Legs
	Hands		Feet

Lifestyle Factors				
General				
	Arthritis		Eye wear prescription	
	Home Computer			

Recreational Activities

Activity	Duration	Frequency

Other Factors

Measurements		
Lower Leg (inches from bottom of kneecap to floor)	*a*	
Upper Leg (inches from buttocks to back of knee, while seated)	*b*	
Width of Buttocks (while seated)	*c*	
Small of Back (inches from seat pan to small of back, while seated)	*d*	
Elbow (inches from floor to elbow, while seated with arms relaxed at sides)	*e*	
Upper Arm (inches from Top of Shoulder to Elbow, outside)	*f*	
Lower Arm (inches from elbow to tip of extended middle finger)	*g*	
Eye Height (inches from eyes to chair seat pan, while seated)	*h*	

Equipment

Measurement	**Actual**	**Recommended**		**Adjusted**
		Calc*	**Results**	
Chair				
Seat Pan Height (inches from floor to top of pan)		a		
Seat Pan Depth (inches from front edge to chair back)		b+3		
Seat Pan Clear Width (inches between armrests)		c+4		
Seat Pan Tilt (degrees from horizontal) []sync []separate		BOM		
Chair Back Height (inches from seat pan)		BOM		
Lumbar Support Height (inches from seat pan)		d		
Chair Back Tilt (degrees from vertical) []sync []separate		BOM		
Armrest Height (inches from seat pan)		e		
Computer Desk/Worktable				
Desktop Height (inches from floor to top)		29		
Desktop Width (inches)		30		
Desktop Depth (accommodates monitor and keyboard)		BOM		
Keyboard Tray/Work Surface				
Height (inches from floor to keys on 2nd row)		e-2		
Clear Leg space Height (inches from tray bottom to top of knee)		2		
Clear Leg space Width (inches side to side)		c		
Clear Leg space Depth (inches from chair front to space back)		b		
Keyboard Tilt (degrees from horizontal)		BOM		
Mouse				
Height Above/Below Keyboard (inches from floor)		0		
Horizontal Distance from Keyboard (inches from centers)		14		
Front/Back Distance from Keyboard (inches from centers)		0-4		
Monitor				
Width (inches horizontally at widest point)				
Depth (inches horizontally at widest point)				
Height (inches base to highest point)				
Working Height (inches from floor to top line of screen)		a+h		
Distance (inches from screen to employee)		f+g		
Alignment (degrees right or left of employee horiz. center line)		0		
Glare []Lights []Window []Other	Y N			Y N

*Calculations to determine recommended adjustment. Letters reference employee measurements. BOM = Based On Measurement.

Other Equipment (Distance from Employee)					
Measurement		**Actual**	**Recommended**		**Adjusted**
Source Document Holder	[]Side []Below []Other		BOM		
			BOM		
			BOM		
			BOM		
			BOM		
			BOM		
			BOM		

Room		
Length (inches)		Sketch
Width (inches)		
Temperature (degrees Fahrenheit)		
Relative Humidity (percent)		
Light (foot-candles)		

Work Practice Adjustments

	Uses wrist rest while typing		No alternating between keyboard and mouse
	Swivels wrists while typing		Cradles phone between shoulder and ear
	Poor posture		Needs breaks:
	Strikes keyboard too hard		Other:

Notes

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Recommendations		
	Chair	[]New []Half-Roll []Full Roll []Contour []Seat Cushion []Footrest []Armrests Off
	Keyboard Tray	[]Articulating []Desk Drawer []Desktop []Lap []Without Mouse pad
	Mouse Tray	[]Attachable []Over Keys []Separate Tray []Armrest []Lap []Foot
	Monitor	[]Realign []Desktop []Platform []Boom Arm []Smaller []Larger
	Headset	[]Training []Headset []Speakerphone
	Desk/Table	[]Secondary Table []Computer Table []Desk []Other:
	Document Holder	[]Side []Bottom []Other:
	Work Practices	
	Other Recommendations	

Assessor:_____ Date:_____

*Calculations to determine recommended adjustment. Letters reference employee measurements. BOM = Based On Measurement.

Employee Release	
Employee Name	
Date of Assessment	
I understand that the measurements taken of by body and my workplace, and the information I have provided concerning ergonomic symptoms I have experienced, will be included in the resulting ergonomic assessment report, and provided to the safety professionals of the Department and my Division/Institution and to members of my direct chain of command.. I hereby grant authorization for this purpose.	
Employee's Signature	Date